



LTC BULLETIN

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PROTECT YOUR RESIDENTS FROM EXTENSION CORD FIRES

Any appliance or device plugged into an electrical outlet, extension cord or surge protector is susceptible to overheating or fire. The guidelines below, from Underwriters Laboratories (UL) and the National Fire Protection Association (NFPA), should help protect your facility and residents from extension cord or surge protector fire.

- **Extension cords are labeled with valuable information as to their use, size and wattage rating.**
The size or “gauge” is based on the American Wire Gauge (AWG) System. In this system, the smaller the AWG number, the larger the wire. For example, a 10-gauge wire has an AWG rating of 10, and can power larger wattage appliances than a 20-gauge wire. This is contrary to what most people think.
- **UL generally requires that all extension cords in health care settings have an AWG rating of 14 or less.**
- **Generally, do not use extension cords that exceed six feet in length.**
As a cord gets longer, its current carrying capacity decreases.
- **Extension cords or surge protectors that do not have a UL or Factory Mutuals (FM) acceptance tag or stamp cannot be used.**
Cords typically come with two numbers, such as “14/3” or “12/3”. The first indicates the wire size; the second is the number of wire conductors. For

instance, a 3-prong or grounded wire is specified as “/3”. Plug ends are also rated and should have an equivalent or higher rating than the wires.

- **Never plug more than one item into an extension cord.**
- **Protect electric cords from damage.**
Run them along a wall’s edge rather than under a rug or chair. Also be on the lookout for damaged or frayed insulation or plugs.
- **Do not use 3- to 2-prong adaptors.**
- **Never remove a grounding plug (third plug) from a 3-prong plug.**
- **Generally, plug high-power items such as large refrigerators, microwaves, electric beds, lift chairs, battery chargers, air conditioners and copiers directly into an electrical outlet.**
Do not plug them into an extension cord or surge protector.
- **Surge protectors let you plug multiple appliances into one power outlet.**
They protect electronic devices from “surges” or increases in electricity flow that can cause overheating or fire.
- **All appliances indicate how much power they consume when operated; the rating can be found on the appliance itself or its package.**

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PAID FEEDING ASSISTANTS

Before employees in a certified long-term care facility can help feed residents, they must complete the state-approved feeding assistant training program. The only exceptions to this regulation are facility doctors and nurses and employees listed on the Certified Nurse Aide (CNA) Registry.

The Federal Regulation at 483.75 (q) in the section titled Required Training of Feeding Assistants, states, “A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants.”

Federal regulations require that a feeding assistant be taught:

- Feeding techniques
- Assistance with feeding and hydration
- Clear airway obstruction
- Communication and interpersonal skills
- Understanding the elderly
- Infection control
- Resident rights
- Human anatomy and physiology
- Observing and reporting

Lesson plans on the above topics are available in the current *Nurse Assistant in Long Term Care Facility Manual*, 2001 Revision. Feeding assistants can learn these topics in classes that must be taught by a licensed registered nurse. The classes typically require 11 hours and 15 minutes to complete, but can take less time if only one or two employees enroll. The classes are supplemented with mandatory on-the-job training, which requires 5 hours and 45 minutes to complete.

Additional information about these topics and lesson plans is available at:
<http://www.dhss.mo.gov/CNARegistry/FeedAssistant.html>.

Each facility should document an employee's feeding assistant training in his or her personnel file. The feeding-assistant regulation became effective October 27, 2003, and **pertains only to certified facilities**.



HOT OFF THE PRESS!! GUARDIANSHIP PUBLICATION

The Long-Term Care Ombudsman Program's new brochure, *Guardianship & Conservatorship in Missouri: Questions & Answers*, presents information concisely. It is available online at: www.dhss.mo.gov/Ombudsman/Publications.html.

Other publications on this Web site include *Resident Rights for Long-Term Care in Missouri*, *How the Long-Term Care Ombudsman Program Can Help You*, *Role of the Social Worker in a Long-Term Care Facility*, and *How to Organize and Direct an Effective Resident Council*. All are available free-of-charge in hard copy form. To request copies, please contact your Regional Ombudsman Coordinator or the State Long-Term Care Ombudsman office at (800) 309-3282.



TIPS from the LTC Licensing Unit

Question: Why was my Long Term Care license application returned?

Answer: The primary reason is that facilities are incorrectly answering question #5 on the application, the question about facility operators. **A facility operator's name must be listed exactly as it appears on file with the Missouri Secretary of State's office.** To avoid delays in your application process, please check the Web site: <https://www.sos.mo.gov/BusinessEntity/soskb/csearch.asp>, or review your current license (the operator's name is listed on the license).

The Licensing Unit staff would be happy to answer any questions, and may be reached at (573) 526-8551.

NEW WEB SITE LETS YOU VERIFY CNA AND CMT STATUS ON-LINE

Facilities can verify the status of Certified Nurse Assistants (CNAs) and Certified Medication Technicians (CMTs) on-line now, thanks to the Department of Health and Senior Services' (DHSS) new Web site:

www.dhss.mo.gov/cnaregistry.

The new site also explains more about the CNA and CMT programs and registries, feeding assistants and CNA reimbursement for long-term care facilities. What's more, the site will eventually replace the Individual Voice Response (IVR) System.

Now you can:

- * **Verify an individual's CNA, CMT or CMT Insulin Certification** status on-line and determine if a federal indicator of abuse, neglect or misappropriation of funds is recorded.
- * **Verify the status of CNA Instructors/ Examiners, Clinical Supervisors, CMT Instructors and Level I Medication Aide Instructors.**
- * **Print the Web Registry search results page(s)**, which meet the requirements for long term-care facilities at 19 CSR 30-85.042 (28): "Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held."
- * **Learn contact information for other state nurse aide registries** – Nursing homes are required to check other states' nurse assistant

registries if they believe information about a potential nurse aide hire is available. "The regulations require that before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Social Security Act the facility believes will include information on the individual." Contact information for all state nurse assistant registries is listed on the DHSS Web site.

Reminder – The Centers for Medicare and Medicaid Services (CMS) S&C–05-46 states that federal regulations allow individuals enrolled in an approved nurse aide training and competency evaluation program to work up to four months, performing only those skills for which their trainer has determined proficiency, before successfully passing their nurse aide competency evaluation examination and being included on the nurse aide registry.

Facilities are required to screen potential employees for a history of abuse, neglect or misappropriation of funds by obtaining information from previous and/or current employers and the appropriate licensing boards and registries. Facilities that visit www.dhss.mo.gov/cnaregistry to see if potential employees have a federal indicator of abuse, neglect or misappropriation of funds, and then print the results, will have met this requirement.

The new site also provides links to the Family Care Safety Registry (FCSR) and Employee Disqualification List (EDL). Accessing this information electronically will ease facility staff workloads.

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Some appliances indicate power usage in watts, others in amps. The following two formulas can help you determine either:

- 1) Volts x amps = **watts** (i.e. 125 volts x 5 amps = 625 watts)
- 2) Watts ÷ by volts = **amps** (i.e. a 100-watt light bulb ÷ 110 volts = 0.9 amps)

- **The total amp rating for all appliances plugged into a surge protector may not exceed 15.**
- Electrical service enters a health care setting and connects to a main electrical panel. From the main electrical panel, wires run in different directions throughout the home to power lights, outlets, air conditioners and other appliances. These wire-runs are called branch circuits. **Normal branch circuits in health care settings are 15 and 20 amps. A 15-amp branch circuit can carry 1500 watts. A 20-amp branch circuit can carry 2000 watts.**
- **To check the amp rating of an electrical outlet, remove its cover plate.** A T-plug on one of the prongs indicates a 20-amp circuit.

Listed below are common power usages for household items:

Coffee maker	Home type – 800 to 1250 watts Commercial type – 2000 to 4000 watts
Small printer	4 amps
Iron	1200 to 1600 watts
Hair dryer	1000 to 1500 watts
Fan	20 to 65 watts
Television	Approximately 100 watts for a 25-inch standard

Personal Computer	1 to 6 amps
PC Monitor	0.6 to 2 amps
Microwave	800 to 1100 watts

The list is not all-inclusive. DHSS must verify the power usage of extension cords and surge protectors in order to help prevent fire hazards.

If you have questions regarding the above information, please contact Tracy Cleeton, Technical Specialist, with the Section for Long Term Care, at (573) 526-8515.

NEW PLANNING AND DEVELOPMENT UNIT

The Section for Long Term Care (SLTC) is pleased to announce the establishment of the Planning and Development Unit. Sue Heisler has been appointed the manager of this new unit, which will have responsibility for:

- using data to inform planning and policy development;
- planning SLTC community-based meetings and outreach activities;
- developing quality improvement throughout the Section;
- improving SLTC communications with industry and community groups; and
- overseeing professional development and training for SLTC staff.

As a result of the new unit's mission, SLTC expects staff and customers to experience more efficient work processes and enhanced customer service.

THE RIGHTS OF FAMILY COUNCILS IN LONG-TERM CARE FACILITIES

The 1987 Nursing Home Reform Act guarantees the families of nursing home residents a number of important rights to enhance a loved one's nursing home experience and improve facility-wide services and conditions. Key among them is the right of families to form an organized group called a family council and hold regular private meetings.

Medicare- and Medicaid-certified facilities must provide a meeting space, cooperate with the council's activities, and respond to the group's concerns. Nursing facilities must appoint a staff advisor or liaison to the family council, but staff and administrators have access to council meetings only by invitation. While the federal law specifically references "families" of residents, close friends of residents can and should be encouraged to play an active role in family councils, too.

Specifically, the federal law (42 CSR sec. 483.15(c); Public Law 100-203, Social Security Act) includes the following requirements on family councils:

- A resident's family has the right to meet with the families of other residents in the facility.
- The facility must provide private meeting space to the families, if private space exists.
- Staff or visitors may attend meetings at the group's invitation.
- The facility must provide a designated staff person to assist and respond to written requests that result from group meetings.
- When a family group exists, the facility must listen to its views and act upon its grievances and recommendations concerning proposed policy and operational decisions affecting resident care.

The Long-Term Care Ombudsman Program can answer questions and assist with the development of family councils. If your facility has families interested in forming a council, an on-line resource, "Family Guide to Effective Family Councils", is helpful and available at: www.ltombudsman.org/uploads/FamilyCouncils.pdf.

The State Long-Term Care Ombudsman Program can also provide a hard copy of the booklet and answer your questions at (800) 309-3282.

¹42 CSR sec.483.15(c); Public Law 100-203, Social Security Act

Resource for article:

National Citizens' Coalition for Nursing Home Reform

WWW Rights of Family Councils.

Retrieved November 8, 2005, from

http://www.nccnhr.org/public/50_156_457.cfm
<http://www.nccnhr.org>.



JUST A "CLICK" OF THE MOUSE

... and facility administrators and operators can access the *Application for Long Term Care Licensure* forms via the Web. Instructions for completion, as well as sample financial forms, may be found at: <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>.

Remember, the Section for Long Term Care must receive facilities' relicensure applications **30 days PRIOR to license expiration**. We hope you take a few moments to review and familiarize yourself with these forms.

If you have questions, please call Licensing Unit staff at (573) 526-8551.

ON-LINE CMT MANUAL
-- IN THE WORKS

Now through mid-summer, Certified Medication Technician (CMT) instructors should use the manual produced by Instructional Materials Laboratory (IML) to train CMTs. Around August 2006, an on-line manual will replace the IML manual and be available through the Department of Health and Senior Services' (DHSS) Web site. CMT instructors will be able to download it free.

DHSS' Web site will also feature a secure access system, a standardized CMT test bank and instructor guide. When these become available, CMT instructors will be required to sign a contract with DHSS to keep the standardized test bank secure. CMT instructors will be issued a Personal Identification Number (PIN) that allows them access to the instructor guide and test bank.

Active CMT instructors must provide their current name and address to DHSS before they receive a contract. Instructors can verify their name status at the Certified Nurse Aide (CNA) Registry Web site:
www.dhss.mo.gov/cnaregistry. Any name or address changes, as well as an instructor's social security number and e-mail address, should be sent now to DHSS' Health Education Unit, P.O. Box 570, Jefferson City, MO 65102, or e-mailed to Betty Markway at
Betty.Markway@dhss.mo.gov.

DHSS must have an instructor's signed contract before it can issue a PIN and will contact instructors about these details in the near future.

FALL 2005 PROVIDER MEETINGS

Section for Long Term Care (SLTC) staff met with providers across the state in November and December 2005 at Provider Meetings sponsored by the Missouri Health Care Association. Meetings were held in St. Joseph, Blue Springs, Springfield, Cape Girardeau, St. Louis, Macon and Jefferson City, with approximately 50 individuals representing facilities in attendance at each site.

Information was presented on the most commonly cited deficiencies for each region, the state and the nation, and on Life Safety Code requirements. SLTC staff entertained questions from the attendees, and enjoyed meeting the providers and hearing their concerns.

Information will be forthcoming on dates and locales for Spring 2006 Provider Meetings, planned for April, and jointly sponsored by the SLTC, Missouri Association of Homes for the Aging (MoAHA), Missouri Association of Nursing Home Administrators (MANHA), and Missouri Assisted Living Association (MALA).



The *LTC Bulletin* is published quarterly by the Section for Long Term Care and is distributed to all long-term care facilities in Missouri. Suggestions for future articles may be sent to Phyllis Graham at
Phyllis.Graham@dhss.mo.gov, or by calling (573) 526-0721.

www.dhss.mo.gov/NursingHomes